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Page 1 of 22

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Date: July 6, 2005

Fax

TO:

Examiner: Vig, Naresh

Fax: 703-872-9306

Art Unit: 9862

FROM:

Attorney: Justin B. Scout

Fax: 503-264-1729

Mail stop: JF3-147

APPLICATION INFORMATION:

Application No.: 09/275,514

Docket No.: P7034

Filed: March 24, 1999

Inventor: Holliman, et al.

Assignee: Intel Corp.

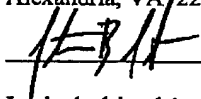
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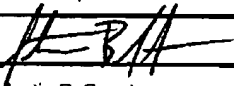
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/275,514	
	Filing Date	March 24, 1999	
	First Named Inventor	Matthew J. Hoffman	
	Art Unit	9882	
	Examiner Name	Vig, Naresh	
Total Number of Pages in This Submission	22	Attorney Docket Number	P7034

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Firm Name	Intel Corporation	
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Printed name	Justin B. Scout	
Date	Wed, July 06, 2005	Reg. No. 54,431

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

0

Complete if Known

Application Number	09/275,514
Filing Date	March 24, 1999
First Named Inventor	Matthew J. Holliman
Examiner Name	Vig, Naresh
Art Unit	9862
Attorney Docket No.	P7034

METHOD OF PAYMENT (check all that apply)
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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
-----	-----

Multiple dependent claims

360	180
-----	-----

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	0

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
	0	0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge):

0

SUBMITTED BY

Signature

Registration No. 54,431
(Attorney/Agent)

Telephone 503-264-7002

Name (Print/Type) Justin B. Scout

Date Jul 6, 2005

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/275,514
		Filing Date	March 24, 1999
		First Named Inventor	Mathew J. Holliman
		Examiner Name	Vig, Naresh
		Art Unit	9862
TOTAL AMOUNT OF PAYMENT (\$) 0		Attorney Docket No.	P7034

METHOD OF PAYMENT (check all that apply)	
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<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-0221</u> Deposit Account Name: <u>Intel Corporation</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
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Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0
2. EXCESS CLAIM FEES							
Fee Description						Small Entity Fee (\$)	
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- 20 or HP =		x	=	0	Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.					0		0
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =		x	=	0			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/ 50 =	(round up to a whole number) x	=	0			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fee Paid (\$)	
Other (e.g., late filing surcharge):						0	
						0	

SUBMITTED BY		
Signature	Registration No. 54,431 (Attorney/Agent)	Telephone 503-264-7002
Name (Print/Type) <u>Justin B. Scout</u>		Date <u>Jul 6, 2005</u>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Appl. No. 09/275,514

JUL 06 2005

Attorney Docket: 042390.P7034

In The United States Patent and Trademark Office

In re Patent Application of:)	Examiner:	Vig, Naresh
)		
Holliman, <i>et al.</i>)	Art Unit:	9862
)		
Application No.: 09/275,514)		
)		
Filed: March 24, 1999)		
)		
For: PARTIAL PROTECTION)		
OF CONTENT)		

REMARKS

COMMISSIONER FOR PATENTS
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Dear Examiner:

In response to the Office Action, dated April 06, 2005, please consider the following remarks.

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